



PATENT
Docket No. 01819232

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:

Girish V. SHAH

Serial No.: 09/251,133

Filing Date: February 16, 1999

For: NEUROENDOCRINE MARKER OF
PROSTATE CANCER AND
METHOD FOR PRODUCING SAME

) Group Art Unit: 1642

) Examiner: C. YAEN

) CERTIFICATE OF MAILING BY "EXPRESS MAIL"
) "Express Mail" mailing label number EV 113373304 US

) Date of Deposit: MAY 12, 2003

) I hereby certify that this paper or fee is being deposited with the
) United States Postal Service "Express Mail Post Office to
) Addressee" under 37 CFR 1.10 on the date indicated above and
) is addressed to: Commissioner for Patents, P.O. Box 1450,
) Alexandria, VA 22313-1450 BOX NON-FEE AMENDMENT.
) Typed or printed name of person signing Certificate:

) TIMOTHY HUBALIK

) Signature

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MAY 14 2003
TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the subject application.

2. Applicant is ☒ a small entity.
☐ other than a small entity.

3. **Extension of Term:**

☐ Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$110.00	\$55.00
<input type="checkbox"/> two month	\$410.00	\$205.00
<input type="checkbox"/> three month	\$930.00	\$465.00
<input type="checkbox"/> four month	\$1,450.00	\$725.00

FEE: \$0.00

OR

☒ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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4. The fee for claims has been calculated as shown below:

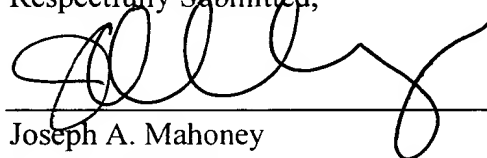
Claims remaining after amendment	Highest number previously paid for	Present Extra	Small entity		Large Entity	
			Rate	Additional Fee	Rate	Additional Fee
Total 14	27	x 0	\$9.00	= \$0.00	\$18.00	
Independent 3	10	x 0	\$42.00	=\$ 0.00	\$84.00	
Total Additional Fee				= \$0.00		

☒ No additional fee for claims is required.

5. Fee Payment/Deficiency

- ☐ Attached is a ☐ check ☐ money order ☐ in the amount of \$ _____
- ☐ Authorization is hereby made to charge the amount of \$ _____ to Deposit Account No. 13-0019
- ☒ Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully Submitted,



Joseph A. Mahoney
Reg. No. 38,956

Date: May 12, 2003

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#28/D
JM
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CANCER AND METHOD
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Examiner: C. Yaen

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AMENDMENT

BOX NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is submitted in response to the Office Action dated February 11, 2003. Please reconsider the application in view of the amendments and remarks presented below. If there are any fees due in connection with the filing of this response, please charge these fees (or credit any overpayment) associated with this communication to our Deposit Account No. 13-0019. It is respectfully requested that entry of the following Amendment will place the claims in order for allowance.

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